

ICMJE DISCLOSURE FORM

Date: 7/2/2025

Your Name: Jayani Jayawardhana

Manuscript Title: Prevalence and Trends in Cannabis Use Disorder and Cannabis Poisoning among Medicaid Enrollees: A Multistate Analysis, 2011-2022

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☐ None <table border="1"> <tr> <td>This research was supported by the National Institutes of Health National Center for Advancing Translational Sciences through grant number UL1TR001998.</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	This research was supported by the National Institutes of Health National Center for Advancing Translational Sciences through grant number UL1TR001998.					
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Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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